NC REFUGEE HEALTH PROGRAM

Department of Health and Human Services
Division of Public Health
Chronic Disease and Injury Section

Subrecipient Monitoring Plan

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I. Program Overview

The goal of the program is to ensure that newly arrived refugees receive a health assessment and appropriate follow up for any health conditions that might pose a threat to the public health or interfere with the refugee's effective resettlement in this country. This addresses the Division's goal to identify and treat communicable diseases of public health significance in high risk populations. Jennifer Morillo is currently the North Carolina Refugee Health Coordinator that overseas this program. The funding is 100% federal through the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Refugee Resettlement. The services are administered by local health departments to provide screening, follow up and referral services to newly arrived refugees.

Subrecipients: All are local health departments (LHDs) - those that receive the majority of new refugee arrivals for North Carolina. The money is passed to the LHDs electronically through WIRM– Aid-To-County.

Funding Amounts:

LOCAL HEALTH DEPARTMENT	SFY 05/06	SFY 06/07	SFY 07/08	SFY 08/09
Mecklenburg	$10,000	$18,700	$19,000	$22,506
Guilford	$8,200	$11,500	$12,500	$17,234
Wake	$2,000	$7,900	$9,000	$6,250
Craven	$800	$2,900	$3,000	$3,950
Buncombe	$1,000	$1,450	$1,500	$125
Orange	--	--	--	$1,830
TOTAL	**$22,000**	**$42,450**	**$38,000**	**$51,895**

Rules:
1) G.S. 143-6-23 defines state grant funds to include federal pass-through funds
   - Mandates rules for reporting on state grant funds
   - Requires agencies to monitor use of state and federal pass-through funds and that grantees must monitor subgrantees
2) Federal funds monitoring is discussed in OMB Circular A-133, "Audits of States, Local Governments and Non-Profit Organizations."

3) Federal Grants Common Rule - A grants management common rule was adopted by each federal funding agency for grants to state and local governments.
- "____.40 Monitoring by grantees: Grantees are responsible for managing the day-to-day operations of grant and subgrant supported activities. Grantees must monitor grant and sub-grant supported activities to assure compliance with applicable Federal requirements and that performance goals are being achieved. Grantee monitoring must cover each program, function, or activity."

II. Monitoring Frequency & Type

Monitoring Schedule:

Note: The largest resettlement counties (also are the same that receive the greatest amount of funds) are generally monitored more frequently. Health departments may also receive a site visit when risk level changes. On-site visits completed once every 3 years at a minimum.

LOCAL HEALTH DEPARTMENT	PROGRAMMATIC REPORTS	ON-SITE VISIT SFY 07/08	SCHEDULED ON-SITE VISITS SFY 08/09
Mecklenburg	Quarterly - EpiInfo	2/21/08	N/A
Guilford	Quarterly - EpiInfo	1/9/08	N/A
Wake	Quarterly - EpiInfo	12/6/07	N/A
Craven	Quarterly - paper	8/22/07	N/A
Buncombe	*No longer a recipient of these funds		N/A
Orange	Quarterly - paper	7/24/07	N/A

A. Desk Review

1) Contract/Agreement Addendum
The Refugee Health Program works with the Local Health Depts. through the Consolidated Agreement and an Agreement Addendum. The Refugee Health Program must comply with the DPH Processing Procedures for Agreement Addenda and budget estimates. Link to **http://www.ncpublichealth.com/contracts/contracts_forms.htm#agreementAd** for the Contract Forms Package for Agreement Addendum. Please see Attachment I for the most recent Agreement Addendum.

2) Internal controls of the disbursement of funds and pre-award assessment

Refugee health funds are provided to local health departments with significant numbers of refugee arrivals to assist with administrative costs associated with providing a refugee health assessment to all newly arriving refugees and recording and reporting refugee health data to the state. Allocation of Health Assessment funding is based on the number of prior year and anticipated refugee arrivals in each county as well as the proportion of arrivals reported receiving timely health assessments. The calculation for allocation amounts (proposed budget estimates) should be completed and submitted to the Budget Office by the 2nd Friday in December (see processing procedures at **http://www.ncpublichealth.com/contracts/contracts_forms.htm#a greementAd**). The method and justification notes should be maintained in Program files. A risk assessment should be completed on each health department refugee program prior to allocation. See the Risk Assessment section regarding the risk assessment process.

3) Reports – programmatic and financial

As per the Agreement Addendum, the Health Assessment data collected by the health departments should be submitted in the appropriate EpiInfo (SAS Database) format on a quarterly basis – October 15, January 15, April 15, and July 15. Prior approval may be requested for a health department to submit data in paper format. If the health department cannot submit data in EpiInfo format, this data must be mailed or faxed to the Program within 30 days of initiating care – using Data Collection Form (Attachment II). The Program should send out email reminders a few weeks before each report is due. The Program should record the submission of each county's report on the Quarterly Reports Submission Chart (Attachment III). This also captures the date received. This is maintained in the Program files. After each submitted report is reviewed, the Program completes and files a Periodic Reports Desk Review Worksheet (Attachment IV) for each contract county.

Local health departments are required to submit electronic monthly expenditure reports to receive reimbursement for services performed. This is not handled at the Program level. It is recorded and handled through WIRM– Aid-To-County.

The Program requests a copy of the expenditure report from each local health department after each budget year has ended and maintain in Program files.

4) Self-Assessment

> A Refugee Health Program Survey (Attachment V) will be sent to each local health department each year prior to the site visit or prior to risk assessment and allocations of funding. A spreadsheet summary of these results will be developed and maintained for easy future reference.

5) Budget proposals

> When the Program needs to submit a new grant application (currently every 5 years) the Program will ask for input and a formal budget proposal (to include a narrative and detailed budget) from the local health departments.

B. Logging

1) Contact

> There is a Monitoring Documentation Form (Attachment VI) to be used to record major issues that may or may not be directly related to monitoring.

2) Receipt of reports

> The Program should record the submission of each county's report on the Quarterly Reports Submission Chart (Attachment III).

3) Attendance at meetings, trainings and conferences

> According to the Agreement Addenda, key refugee health staff should be allowed and are encouraged to attend yearly refugee health training/conference events and quarterly NC Refugee Advisory Council Meetings sponsored by the NC Refugee Program or the NC Refugee Health Program. The Statewide Refugee Meetings, Trainings and Conferences Attendance Sheet (Attachment VII) will help aid the Program in keeping track of attendees at refugee health-related events for each SFY.

4) Monitoring Log

> The Monitoring Log (Attachment VIII) should be completed once a year at the beginning of state fiscal year. This log should be kept with the Quarterly Reports Submission Chart (Attachment III) as a reminder of risk assigned and when future site visits needed and scheduled.

C. Site Visits

1) Schedule – see monitoring schedule above on page 4.

2) Procedures

See Site Visit Worksheet (Attachment IX) for guidance.

Meeting Planning: Contact LHD to see when site visit would be possible. Make sure key personnel are available. Send formal notification letter (see Site Visit Notification Letter – Attachment X) at least 30 days in advance. Be sure to explain the monitoring process and the monitoring site visit process in the letter. Include in letter all persons needed or recommended to be involved in the site visit.

Preparing for Visit: Review Procedures Checklist (Attachment XI). Gather data to be presented to LHD staff – (1) budget info – available funds and expended funds, (2) arrivals data – prior year and current year, and (3) recent performance reports. Three to five business days prior to visit, email or fax list of 10 refugees selected for review.

Intro Meeting: Go over agenda items (see Attachment XII).

Onsite Monitoring Review: Review local manual and Agreement Addenda. Review records using the Records Review Worksheet (Attachment XIII). Choose several with TB conditions, children and adults. Meet with fiscal management staff and review expenditure reports and staff time analysis. Complete Site Visit Review Checklist on page 2 of Attachment IX – Site Visit Worksheet. If major issue is discovered, complete Corrective Action Worksheet (Attachment XIV) prior to the Exit Conference. For any quality improvement recommendations, complete the Quality Improvement Worksheet (Attachment XV) and present during the Exit Conference.

Exit Conference: Follow the Agenda presented in the Monitoring Visit Exit Conference form (Attachment XVI).

Post Site Visit: Type up results and findings – summarize and send formal letters to LHD contact person and the Health Director of that LHD.

D. Monitoring Documentation & Storage

All records related to monitoring are kept in the NC Refugee Health Program files.

III. Risk Assessment

A. Routine Risk Assessment

LHDs that receive federal pass-through funds for refugee health assessments will be part of routine programmatic risk assessment. A formal risk assessment will be performed annually and will be reassessed whenever irregularities are noted. Such irregularities include, but are not limited to:

- Consistently late or flawed financial or programmatic reporting.
- Failure to comply with other requirements of the Agreement Addendum.
- Complaints from Refugee Resettlement Agencies, beneficiaries or the general public alleging poor service or fraud, waste and abuse.
- Frequent or unusual requests for technical assistance from the subrecipient agency.
- Categorical expenditures that vary significantly from budgeted amounts.
- Unfavorable media coverage of a subrecipient.
- Indications that the subrecipient agency is experiencing difficulties with another Agreement Addendum.
- Change in key personnel.

Each instance must be individually assessed to determine its reliability as an indicator that an agency may be experiencing difficulties meeting the Agreement Addendum requirements. The annual risk assessment involves completing the Risk Assessment Form (Attachment XVII). This should be completed prior to completing budgetary estimates for the following state fiscal year. Programs need to submit budgetary estimates by the 2nd Friday in December. (see the following link for the processing procedures for Budgetary Estimates)
http://www.ncpublichealth.com/contracts/contracts_forms.htm#agreementAd

B. Procedures for each risk level

If a LHD is determined at programmatic low-risk, the program sends a formal letter and copies of Risk Assessment Form (Attachment XVII) and a completed Monitoring Documentation Form (Attachment VI). If however the LHD is assessed at high-risk, please see Risk Assessment Diagram (Attachment XVIII) for procedures. Please see Attachment XIX for High Risk letter.

C. Review of past identified problems

> Past issues that put a LHD program at high-risk should be reviewed more closely for at least the following 3 years at the time of the annual risk assessment.

IV. Compliance Requirements

A. Activities Allowed or Unallowed

Federal Statutory Authority: PL 96-212; Section 412C (3) of the Immigration and Nationality Act allows that funds may be used to assure that newly arrived immigrants with refugee status receive a health assessment after resettlement in the United States.

State Statutory Authority: 130A-223 provides that the department shall establish and administer a program for the prevention of disease, disabilities, and accidents that contribute significantly to mortality and morbidity among adults. The program may also provide for the treatment of persons with diseases and disabilities.

B. Allowable Costs/Cost Principles

The North Carolina Department of Health and Human Services has adopted Circular A-87 as its standard for determining allowable costs.

E. Eligibility

Eligibility is limited to newly arrived immigrants with refugee status. This eligibility for health assessment services includes refugees, asylees, Cuban and Haitian Entrants, Cuban and Haitian Asylum Applicants, Amerasians, Victims of a Severe Form of Trafficking, and Afghani and Iraqi Special Immigrants. These individuals present the local health department with U.S. Citizenship and Immigration Services (USCIS – formerly INS) documentation of their status.

H. Period of Availability of Federal Funds

All funds are allocated through the NC Division of Public Health Consolidated Agreement for the July 1, 2008 – June 30, 2009 SFY.

I. Procurement, Suspension, and Debarment

Funds can be used for a variety of purposes to support the health departments capacity to provide health assessments to newly arrived refugees as well as to collect and report health assessment data to the state. This includes support for salaries of staff involved in refugee clinical services and data collection; for interpreter and outreach services; to purchase bilingual materials; to provide enhanced follow up services for refugees on tuberculosis treatment; to provide training for interpreters; to purchase over-the-counter medications not covered by Medicaid; and for travel and other costs associated with staff attending refugee health conferences and training.

J. Program Income

The refugee should not be assessed any fees for the provision of the communicable disease portion of the health assessment as described in the NC Refugee Health Protocol. An exception is that adult refugees may be charged by local health departments for immunizations required by United States Citizen and Immigration Services and not available through the state vaccine programs. These funds remain part of the health department fees for immunization services and need not be reported to the Program. The Program does address health departments that do charge fees.

L. Reporting

Statutory Authority: 15A NCAC 16A.0506: Local health departments must prepare health assessment data reports as referenced in the Agreement Addendum. Programs must provide quarterly electronic reports of this refugee health assessment data to the state Program using the EpiInfo database.

Statutory Authority: 15A NCAC 16A.0506: Local health departments are required to submit an Expenditure Report, DHHS 2949 (Rev. 3/98) on a schedule set out in the Consolidated Agreement between the parties.

M. Subrecipient Monitoring

Local Health Departments should not subcontract these services. There may be certain specified services for which the health departments cannot perform themselves that can be billed to Medicaid when provided through another service provider. In this case the health department is responsible to oversea that the refugees receive the appropriate services and that this is reported to the NC DPH Refugee Health Program. The health departments should be in close contact with these providers to ensure that other providers have the most up-to-date information on this vulnerable population.

N. Special Tests and Provisions

Consolidated Agreement System

The DHHS Division of Public Health is made up of five major sections: Chronic Disease and Injury Prevention; Epidemiology; Women's and Children's Health Services; Oral Health; and Administrative, Local & Community Support Sections. The Division utilizes a single written agreement to manage all funds, that is, State, federal, or private grant funds, that the Division

allocates to local health departments across the State. This document, as amended, is called the Consolidated Agreement.

The Agreements set forth the more general requirements of the funding relationship between the State and local public health agencies. The respective requirements are detailed under the headings: Responsibilities of the Department (Local Public Health Unit); Funding Stipulations; Fiscal Control; Responsibilities of the State; and Compliance. More specific information related to Program activity is set out in a document called the Agreement Addenda which detail outcome objectives and may or may not be negotiable at the beginning of each fiscal year that each health department must achieve in exchange for the funding. A third part of the system is the Budgetary Authorization which is sent annually from each of the Sections or Branches of the Division to all health departments being allocated funds from specific sources, i.e., State appropriations or other federal grant funds for specific activities. This estimate indicates the amount of the allocated funds and their respective sources. Each health department should be able to provide an auditor with a copy of the Consolidated Agreement for the particular year being audited, as well as copies of the Budgetary Authorization and any revisions, Agreement Addenda, expenditure reports and any activity reports for each source of money received. If the health department cannot provide these documents, they may contact the State Division of Public Health Budget Office for assistance.

V. Responsible Staff

Monitoring Coordinators:

Division: Kathy Hardison
919.707.5121

Program: Jennifer Morillo
919.707.5214
jennifer.morillo@ncmail.net

Attachments

Division of Public Health
Agreement Addendum
FY 09-10

---- County Health Department
_____
Local Health Department Legal Name

Chronic Disease & Injury Prevention Section
_____
DPH Section/Branch Name

583 - Refugee Health Assessments
_____
Activity Number and Description

Jennifer Morillo, (919) 707-5214
jennifer.morillo@ncmail.net
_____
**DPH Program Contact Name, Telephone
Number (with area code) and Email**

06/01/2009-05/31/2010
_____
Service Period

_____
**DPH program signature   Date
(only required for _negotiable_ agreement
addendum)**

07/01/2009-06/30/2010
_____
Payment Period

☒ **Original Agreement Addendum**
☐ **Agreement Addendum Revision #** _____ **(please do _not_ put the Aid to County revision # here)**

I. **Background:** The primary goal of the NC Refugee Health Program is to attempt to ensure that health problems of newly arrived refugees that could pose a threat to the public health or interfere with the effective resettlement of the refugees* are promptly identified and treated. Refugees are a vulnerable population that face special health challenges due to their forced migration.(*Throughout this document the term "refugee" refers to all the following federal immigration categories: refugees, asylees, Amerasians, Cuban/Haitian entrants (including parolees), Trafficking Victims, and Iraqi & Afghan Special Immigrants.)

II. **Purpose:** The Refugee Health Assessment is an activity to help ensure that health problems of newly arrived refugees that could pose a threat to the public health or interfere with the effective resettlement of the refugee are promptly identified and treated. This medical screening focuses on providing refugees with testing and followup services to help the refugees achieve self-sufficiency and successful resettlement as soon as possible after arrival. Refugee preventive health funds are provided to local health depts.(LHD) with significant numbers of refugee arrivals to assist with administrative costs associated with providing an assessment to each newly arrived refugee and recording/reporting refugee health data to the state.

III. **Scope of Work and Deliverables:** LHDs receiving Refugee Preventive Health Funds are expected to meet the following program requirements to ensure refugee arrivals access to timely health assessments

_____   _____
Health Director Signature   (use blue ink)   Date

Local Health Department to complete:	LHD program contact name: _____
(If follow up information is needed by DPH)	Phone number with area code: _____
	Email address:_____

Signature on this page signifies you have read and accepted all pages of this document.

based on the NC Refugee Health Protocol and guidelines provided in the document, Technical Guidance for Local Health Depts.

A) Designate a Refugee Health Liaison to coordinate refugee health assessments.

B) Inform newly arrived refugees in the county about the availability of the health assessment services and schedule the health assessment as soon as possible (within 30 days) after the refugee's arrival. Exams must be provided within 90 days to assure reimbursement through Medicaid or Refugee Medical Assistance(RMA).

C) Provide the assessment based on the NC Refugee Health Assessment Protocol guidelines. The Refugee Health Assessment includes a Communicable Disease Screening and a Physical Exam. Each LHD should be able to provide at least the Communicable Disease Screening portion of the Assessment. If the LHD cannot provide the physical exam portion of the Assessment, the refugee must be referred to a private clinic/physician for the physical exam portion. (In this situation, the LHD is not eligible to bill Medicaid/RMA for the complete health assessment.)

D) Use a qualified interpreter for clinical encounters. Telephone interpretation may be appropriate.

E) Provide language-appropriate health education based on individual refugee's needs and risk factors.

F) Provide follow up care or a referral for any conditions identified in the health assessment (conditions of public health concern must be followed up within 14 days).

G) Complete the refugee health data collection form in the EpiInfo database for each refugee arrival.

H) Allow key refugee health staff to attend trainings/conferences sponsored by the NC Refugee Program or the NC Refugee Health Program; to meet on a regular basis with voluntary resettlement agencies to coordinate local refugee services; and to attend NC Refugee Advisory Council meetings.

IV. Performance Measures/Reporting Requirements:

1) The NC Refugee Health Program and the Local Resettlement Agencies notify the LHD about new refugee arrivals needing health assessments. It is expected that the LHD makes an effort to contact EACH new refugee arrival in the county about the availability of the health assessment services and schedule the health assessment as soon as possible after the refugee's arrival into the United States. The LHD should document and report efforts made to contact and schedule each new refugee arrival.

2) The LHD must complete the refugee health data collection form in the EpiInfo database for each refugee arrival and submit the refugee data to the NC Refugee Health Program electronically on a quarterly basis. Reports are due October 15, January 15, April 15, and July 15. If the LHD cannot submit data electronically, individual health assessment reports must be mailed or faxed to the Program within 30 days of initiating care or immediately after receiving all pending test results.

V. Performance Monitoring and Quality Assurance:
Allow key refugee health staff to attend trainings or conferences sponsored by the NC Refugee Program or the NC Refugee Health Program; to meet on a regular basis with voluntary resettlement agencies to coordinate local refugee services; and to attend NC Refugee Advisory Council meetings.

VI. Funding Guidelines or Restrictions: (if applicable)
Below are examples of how refugee health funds can be used by the LHD. Please contact the NC Refugee Health Program for approval regarding other types of proposed expenses.

1) To support salaries of key staff providing health services for newly arriving refugees and salaries and other costs associated with refugee health data collection and data reporting to the state.

2) To pay for interpreter services, training for interpreters, and outreach services to new refugee arrivals.

3) To purchase bilingual health education materials for refugees, bilingual medical dictionaries and over-the-counter medications (that are not covered by Medicaid/RMA).

4) To provide enhanced follow up care for refugees receiving treatment for latent tuberculosis infection.

5) To support travel and other costs associated with staff attending refugee conferences or training events.

NC Refugee Health Program   **Division of Public Health**
NC REFUGEE HEALTH ASSESSMENT DATA COLLECTION FORM

PART I   REFUGEE INFORMATION   (PLEASE PRINT)
1)Name: Last: First: 2) Sex:
3)Date of Birth: 4)Country of origin:
5)Alien Number: 6)Refugee Status:
7)Resettlement Agency: 8)Date of Arrival in U.S.:   9)NC county of residence:
10)Class A or B Condition: 11)Secondary Migration from:

PART II COMMUNICABLE DISEASE SCREENING-see NC Refugee Health Protocol

1) Did refugee or sponsor contact health department to schedule assessment?   ☐ yes   ☐ no
         If no, did health department attempt to contact refugee or sponsor?   ☐ yes   ☐ no

2) Date of Initial Visit for Screening : ___/___/___ **at:**   ☐ Private Physician /Clinic   ☐ Local Health Dept.

3) If refugee was not screened, provide reason: ☐Refugee left area ☐Unable to locate ☐Refugee refused
☐ Failed to keep appointment   ☐Other reason _____

IMMUNIZATION SCREENING
4) Immunization status on arrival: ☐ incomplete   ☐ up-to-date for age
Immunization(s) initiated: ☐ DTP/DT/Td   ☐ MMR   ☐Polio   ☐ Hib   ☐ Hep B   ☐ Varicella

TB SCREENING
5) Date of PPD: ___/___/___   **PPD reading:**   __ __ **mm**

6)Chest X-ray: ___/___/___ **X-ray reading:** ☐ Normal ☐ Abn., suspicious of TB   ☐ Abn, not suspicious of TB

7) Preventive therapy started on: ___/___/___ **Not initiated because:** ☐ Not indicated ☐ Contraindicated
☐ Patient choice   ☐ Left area

8) TB disease treatment started on: ___/___/___ **Number of TB contacts screened:** __ __ __

HEPATITIS B SCREENING
9) Hep B test results: ☐ immune   ☐ nonimmune   ☐ carrier ☐ acute case
               ☐ not a carrier, immunity unknown   ☐ not tested

SCREENING FOR OTHER COMMUNICABLE DISEASES
10) Sexually transmitted diseases (record any test(s) and results):_____☐ pos ☐ neg
         _____ ☐ positive ☐ negative   _____ ☐ positive ☐ negative
   Treated: ☐ yes   ☐ no
11) Parasite stool exam: ☐ positive   ☐ negative   ☐ not tested   **Treated:** ☐ yes   ☐ no   ☐ n/a
  12) Treatment/followup was provided within 14 days of any communicable disease diagnosis:
         ☐ yes   ☐ no   ☐ n/a
  13) If refugee had Class A or B condition, follow-up was provided as appropriate:
         ☐ yes   ☐ no   ☐ n/a
14) Physical exam scheduled with: ☐ health department **Date scheduled:** ___/___/___
                       ☐ private physician/clinic   **Date scheduled:** ___/___/___
  15) If a physical exam was not scheduled, provide reason:
        ☐ No medical provider available   ☐ Refugee refused   ☐ Refugee left area ☐ Other reason

PART III PHYSICAL EXAMINATION
See the NC Refugee Health Assessment Protocol for required components of the exam.

1) **Date of Physical Exam:** __ __/__ __/__ __

2) **Physical Exam was provided at::** ☐ Local Health Dept. ☐ Private Physician/ Clinic
3) **Name of Provider:** _____ Phone: (_____)_____

EXAM RESULTS

4) **LABORATORY TESTS**

REQUIRED BASIC TESTS:

Urinalysis	☐ normal	☐ abnormal	☐ not tested
blood chemistry panel	☐ normal	☐ abnormal	☐ not tested
CBC with differential	☐ normal	☐ abnormal	☐ not tested
Hgb electrophoresis	☐ normal	☐ abnormal	☐ not tested

TEST AS APPROPRIATE

Pregnancy test	☐ positive	☐ negative
Rubella titre	☐ positive	☐ negative
Pap smear	☐ positive	☐ negative
Malaria smear	☐ positive	☐ negative
Lead level	☐ positive	☐ negative
Other tests		
_____	☐ positive	☐ negative
_____	☐ positive	☐ negative
_____	☐ positive	☐ negative

5) **Dental** ☐ normal ☐ abnormal (list below) ☐ treated/referred ☐ not screened
6) **Vision** (eye chart) ☐ normal ☐ abnormal (list below) ☐ treated/referred ☐ not screened
7) **Hearing** (whisper test) ☐ normal ☐ abnormal (list below) ☐ treated/referred ☐ not screened
8) **Mental Health Screening** ☐ normal ☐ abnormal (list below) ☐ treated/referred ☐ not screened
9) **Physical Exam** ☐ **within normal limits** ☐ **abnormal findings** (list below)

10) **List all significant health conditions noted:**

CONDITION	TREATED/REFERRED
_____	☐
_____	☐
_____	☐
_____	☐
_____	☐

Return Completed form to:
NC Refugee Health Program
Division of Public Health
1915 Mail Service Center
Raleigh, NC 27699-1915   OR   FAX 919 870-4812
                            OR   Courier: 1915

Attachment III

Quarterly Reports Submission Chart

2008/2009 REFUGEE REPORTS

COUNTY	OCT 15	RECV'D DATE	JAN 15	RECV'D DATE	APRL 15	RECV'D DATE	JULY 15	RECV'D DATE
Alamance								
Buncombe								
Burke								
Cabarrus								
Catawba								
Craven								
Cumberland								
Davidson								
Durham								
Forsyth								
Guilford								
Iredell								
Johnston								
Lincoln								
Mecklenburg								
Orange								
Pitt								
Randolph								
Rowan								
Rutherford								
Union								
Wake								

Counties in **bold print** receive funding and need to be monitored – complete Periodic Reports Desk Review Worksheet for each of these.

Grants Monitoring
Periodic Reports Desk Review Worksheet

Instructions: The grants monitor should be conducting a desk review of all required reports from the grantee.

LHD:		Date Review Completed:		Monitor: Jennifer Morillo
Grant Name: Refugee Health Program			Dates Covered by Review:	
Reviewed and Approved:			Date:	

Topic Area	Yes	No	N/A	Recommendations/Comments
A. PROGRAMMATIC REPORTS				
1ST QUARTER				
1. Was report filed by the due date?				
2. Are all refugees (who arrived in the period of time report covers) recorded? If not, what percentage is recorded?				
3. Most data seems to be complete?				
4. Report has few errors and discrepancies?				
5. Report was in correct format – EpiInfo?				
2ND QUARTER				
1. Was report filed by the due date?				
2. Are all refugees (who arrived in the period of time report covers) recorded? If not, what percentage is recorded?				
3. Most data seems to be complete?				
4. Report has few errors and discrepancies?				
5. Report was in correct format – EpiInfo?				
3RD QUARTER				
1. Was report filed by the due date?				
2. Are all refugees (who arrived in the period of time report covers) recorded? If not, what percentage is recorded?				
3. Most data seems to be complete?				
4. Report has few errors and discrepancies?				
5. Report was in correct format – EpiInfo?				
4TH QUARTER				
1. Was report filed by the due date?				
2. Are all refugees (who arrived in the period of time report covers) recorded? If not, what percentage is recorded?				
3. Most data seems to be complete?				
4. Report has few errors and discrepancies?				
5. Report was in correct format – EpiInfo?				
B. PERSONNEL (ONCE A YEAR)				
1. Is there appropriate staff to conduct the required activities?				
2. Is there new staff that needs orientation or training?				
3. Did staff attend Refugee Adv. Council meetings?				
C. BUDGET (ONCE A YEAR)				
1. Have cost reports been submitted in a timely manner?				
2. Will project meet budget time frame? If not, why?				

SURVEY OF LOCAL REFUGEE HEALTH PROGRAMS

COUNTY: _____   REFUGEE HEALTH LIAISON: _____

DATE:____/____/____   SUPERVISOR: _____

TOTAL FUNDS ALLOCATED FOR SFY 08/09: $_____

EXPENDITURES TO DATE: $_____

1. Number of other clinical staff assisting with refugee health assessments: _____

2. Location(s)/address(es) refugee health assessments are provided:

3. If known, amount of local funding or in kind contributions to refugee health assessments:
   $_____

4. What are refugee health contract funds used for: Check all that apply
   ❏ Staff salaries   ❏ TB follow up
   ❏ Supplies   ❏ Education materials
   ❏ Staff transportation   ❏ Staff training
   ❏ Interpreter costs   ❏ Medications
   ❏ Outreach   ❏ Other _____

5. How are refugees contacted if paperwork is received and you have not been contacted by the sponsor, agency nor refugee?
   ❏ Letter
   ❏ Phone call
   ❏ Outreach visit
   ❏ Other: _____

6. How many days are refugee clinics routinely scheduled? ____per month   ____per week

7. How many refugees can be scheduled for each clinic? _____

8. Are children and adults seen in the same clinic?   ❏ yes   ❏ no

9. Does the health department provide communicable disease screening based on the NC Refugee Health Protocol?   ❏ yes   ❏ no

10. Does the health department provide adult refugees a physical exam?   ❏ yes   ❏ no

11. Does the health department provide refugee children physical exams?   ❏ yes   ❏ no

12. How many visits are usually scheduled to complete the health assessment? _____

13. Are you able to refer refugees needing follow up care to providers in your area? ❏ yes ❏ no

14. Where are refugees referred for their primary health care needs? _____

15. Are there core parts of the Refugee Protocol that you do **not** provide?   ❏ yes   ❏ no
    If yes, what are they? _____

16. How do you provide interpreter services? Check all that apply:
- ❑ Bilingual providers
- ❑ Interpreters on staff
- ❑ Contract or hourly interpreters
- ❑ Volunteers
- ❑ Family members
- ❑ Interpreters from resettlement agency
- ❑ Telephone interpreter agency
- ❑ Other _____

17. Have the interpreters you use received training? ☐ yes ☐ no ☐ some have

18. Do you hold regularly scheduled meetings with the resettlement agency(s) in your area?
    ☐ yes ☐ no

19. Do you provide a structured orientation for refugees explaining the health assessment and health care system? ☐ yes ☐ no

20. Do you routinely provide preventive health information/health education to refugees?
    ☐ yes ☐ no If yes, what are the topics?

20. Are you able to provide outreach for TB follow up care? ☐ yes ☐ no

21. Does your health department bill Medicaid or RMA for health assessments? ☐ yes ☐ no

22. Immigration status is verified and documented in the patient medical record? ☐ yes ☐ no

23. Immigration status for program eligibility is assessed by:
    ☐ Self-declaration ☐ Written documentation ☐ Other:_____

24. Does the Refugee Health Liaison participate in management of program budgets?
    ☐ yes ☐ no

25. List person(s) responsible for the management of the Refugee Health Program budget and expenditures.

Name: _____Title:_____Tele#_____

Name: _____Title:_____Tele#_____

24. What is the greatest barrier you have to providing health assessments in < 30 days?

25. Are there any unmet health needs for refugees that you would like to provide?

DOCUMENTATION OF MONITORING ACTIVITY FOR
LOW RISK LOCAL HEALTH DEPARTMENTS

Program: NC Refugee Health Program
Subrecipient Agency/LHD:

PURPOSE OF MONITORING ACTIVITY: **PERSON(S) CONTACTED:**
     o   SUBRECIPIENT REVIEW
     o   ASSESS PROGRESS   **POSITION AT AGENCY:**
     o   TECHNICAL ASSISTANCE
     o   OTHER _____

TYPE OF MONITORING ACTIVITY(IES):
     o   SITE VISIT
     o   TELEPHONE
     o   REPORT REVIEW
     o   CORRESPONDENCE REVIEW
     o   AUDIT REVIEW

LAST DATA REPORT RECEIVED: ____/____/____

SUMMARY OF REVIEW/DISCUSSION:

RECOMMENDATIONS:

REQUIRED ACTIONS:

SITE VISIT NEEDED:

MONITOR'S SIGNATURE _____**DATE:** ____/____/____

DISPOSITION:

Monitoring Documentation Form

Statewide Refugee Meetings, Trainings and Conferences
-- Attendance Record --
(those that include refugee health content)
SFY 07/08

Event:	Date:
Names	**Health Dept.**

Event:	Date:
Names	**Health Dept.**

Event:	Date:
Names	**Health Dept.**

Attachment VIII

Department of Health and Human Services
Division of Public Health
Subrecipient Monitoring Log

Program _____ NC Refugee Health Program _____

Subrecipient Agency	Date of Last Risk Assessment	Risk Category Assigned	Date of Last Site Visit	Date of Next Site Visit	Comments

Instructions for Completion of Subrecipient Monitoring Log

Each program should complete the log for all subrecipients of their program. Keep this log in a central location where it can be easily accessed by all monitors for the program and easily accessible for auditors.

Subrecipient Agency: List all subrecipients of your program.
Date of Last Risk Assessment: Enter the date that you last assessed the risk level of each subrecipient listed.
Risk Category Assigned: Enter the risk category assigned at the last assessment.
Date of Last Site Visit: Enter the date of the last site visit.
Date of Next Site Visit: Enter the date the next site visit is planned. This date should be appropriate for the level of risk assigned.

Rev. 5/22/08

Log

Grants Monitoring
Site Visit Worksheet

Instructions: Each site visit should be documented using this worksheet. The monitor should indicate the reasons for the site visit, whether planned or unannounced, review data prior to the visit, and note any issues identified during the visit. If problems are noted, then this worksheet should be used to prepare a report to the monitor's supervisor for action.

LHD:

Date: | Time:

Location:

Monitor: Jennifer Morillo

Reason for Visit:

Prior to Site Visit

Announced Visit		Unannounced Visit	
Actions Taken	Were Actions Completed?	Actions Taken	Were Actions Completed?
Notify recipient point of contact		Define objectives of visit, including documents to review	
Discuss objectives for visit, including document(s) to review		Review Grant File	
Review Grant File		Determine Issues to Discuss	
Determine Issues to Discuss			

During Site Visit

Announced Visit		Unannounced Visit	
Actions Taken	Were Actions Completed?	Actions Taken	Were Actions Completed?
Conduct entrance discussion with officials		Conduct entrance discussion with officials	
Observe project activities		Observe project activities	
Review program and financial records (see following pages for checklist)		Review program and financial records (see following pages for checklist)	
1. Compare to submitted reports		1. Compare to submitted reports	
2. Document differences		2. Document differences	
Other		Other	

Issues for Follow-up:

After Site Visit

Announced Visit		Unannounced Visit	
Actions Taken	Were Actions Completed?	Actions Taken	Were Actions Completed?
Prepare Report		Prepare Report	
Document findings, whether positive or negative		Document findings, whether positive or negative	
Review and adjust monitoring plan if necessary		Review and adjust monitoring plan if necessary	
Other		Other	

Actions taken:

Grants Monitoring
Site Visit Worksheet

Site Visit Financial Records Review Checklist

1. Agreement Addendum and Compliance	Yes	No	N/A	Comments
Copy of AA is available along with the Budget Estimates				
Personnel are familiar with the contract addendum's requirements				
Program reports required by the contract addendum are submitted within the established time frame				
An evaluation plan or system for the program exists				
Project goals, objectives, activities and services are consistent with AA requirements and the NC Refugee Health Program Protocol				
Sufficient progress has been made in meeting program objectives				
Absence of complaints from the general public or other agency alleging poor service, fraud, waste, or abuse				
2. Program Staff				
Staff experienced in delivery of relevant services				
Staff remain the same as necessary to provide the required services				
Staff time allocated to the Refugee Health Program budgets is for individuals providing direct services				
3. Financial				
Financial reports are filed within the established time frames				
Documentation sufficient to determine the nature of expenditures and their allowability according to the AA				
Agency has low fiscal risk status				
4. Records Retention				
Financial records, supporting documents, statistical records, and all other records pertinent to grant are retained for a period of five years after the submission of the final expenditure report , the required annual reports, or the record was used in response to an audit finding				
Site Visit Program Records Review Checklist				

List Documents Reviewed	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

North Carolina Department of Health and Human Services
Division of Public Health • Chronic Disease & Injury Section
Refugee Health Program
1915 Mail Service Center • Raleigh, North Carolina 27699-1915
Tel 919-707-5214 • Fax 919-870-4812

Michael F. Easley, Governor
Dempsey Benton, Secretary

Leah Devlin, DDS, MPH
State Health Director

Date

Name
Title
Address
City, State Zip

Ms. :

This letter is to confirm the following details for the NC Refugee Health Program site visit monitoring at your facility.

Date:
Time:
Monitor: Jennifer Morillo

Evaluations will be conducted on a minimum of 8 records per program, not to exceed 10 records within a 12 month time period. Records list will be sent to you 3-5 business days prior to visit date.

In preparation for the monitoring site visit, please:

- Complete the enclosed Program Survey and **return no later than:** ____/____/____

  Program Survey results may be submitted by mail, fax, or electronically.

- **Fax:** **919.870.4800**
- **Email:** **jennifer.morillo@ncmail.net**
- **To:** **Jennifer Morillo**

  The timely completion and return of the Program Survey will expedite the monitoring process.

- Pull the requested information needed for the site visit.
- Check to be sure all required forms are with each record.

North Carolina Public Health
Working for a healthier and safer North Carolina
Everywhere. Everyday. Everybody.

On the day of the monitoring site visit:

- Please provide a work location in a non-busy area for on-site record review. Our staff appreciates your sharing of often-limited office space.

- Please have pertinent clinical and program manuals available on-site for the review team.

- Please have pertinent accounting or financial records available, or someone who is able to access these records if needed. (Aid-To-County Expenditure Reports)

- Please plan to meet with the Monitor at {Insert Time} to review the agenda and discuss any concerns related to the Program Survey.

- Staff should be available on-site throughout the day for potential questions and assistance.

- Plan to spend {Insert Time Needed} minutes at the end of the visit to discuss findings.

If you have any questions regarding the monitoring site visit, please call me at (919) 707-5214. Your spirit of cooperation with the monitoring process supports and maintains the basic element of all NC Refugee Health Program activities for quality assurance.

Yours truly,

Jennifer Reed Morillo
Refugee Health Coordinator
NC Refugee Health Program

Cc:

Enclosures: 1. Program Survey
                  2. Site Visit Worksheet
                  3. Records Review Worksheet

NC Refugee Health Program

Monitoring Procedures Checklist

Office Supplies
- Pens & Pencils
- Note pads
- Yellow Highlighter
- Sticky Notes/Page Markers
- Paper Clips, Binder Clips

Resource Materials for the Monitoring Team

- ☐ Extra copies of Monitoring Tools
- ☐ NC Refugee Health Program Manual
- ☐ Current FY and upcoming (if available) Agreement Addenda or Contract
- ☐ Budget Information for current and upcoming FY
- ☐ Recent performance reports and pending data
- ☐ Arrivals data – prior year and current year

Monitoring Introduction Meeting Agenda

1. Introductions / Recognition and appreciation of their participation (Record staff present on the Onsite Monitoring tool)

2. Review the Monitoring Process (Site Visit Worksheet process previously mailed to the agency)

3. Discuss any concerns & answer staff questions

4. Make note of any pertinent information staff share that impacts their services

5. Request staff to provide an orientation relating to their service process (ex. Typically the Resettlement agency notifies the HD of new arrivals; the refugees usually complete the health assessment in __ visits; the children are referred or seen here; or the health dept. usually vaccinates 1st dose Hep B and completes serology testing on first visit; etc.)

6. Discuss the agenda for the day

7. Identify contact information (office location and phone numbers) of key staff

8. Locate Manual and AA Contract (who maintains – where found?)

9. Discuss any final questions or comments from staff - Identify staff that will be attending the exit conference

10. Closing remarks (discuss exit conference – time and place and participants)

Onsite Monitoring Process

1. Review manual and AA Contract – Assess whether they are current

2. Review 10 records using the guidance of the Records Review Worksheet

3. Meet with fiscal management staff regarding expenditure reports and staff time

   - General Ledger of past 2-3 months to compare to Expenditure Reports for coinciding months

   - Time analysis - for staff paid through NC Refugee Health Program for appropriate use of funds

4. Complete the Site Visit Review Checklist

5. Complete the Corrective Action Worksheet for each major issue or finding

6. Complete Quality Improvement Recommendations

Monitoring Exit Conference

1. Monitor discusses monitoring findings

2. Provide recommendations for quality improvement per monitoring findings

3. Review the corrective action plan tool for non-compliance of established standards

4. Share and review exit conference materials which include:

   - Performance Reports (most recent reports)

   - Discuss management concerns identified and pending/alert value cases

   - NC Refugee Health Program Performance Indicators

   - NC Refugee Health Program staff contact information

5. Closing remarks

Planned Action and Follow-Up:

- **If the analysis reveals program services meet established standards, the provider will be re-monitored within three (3) years.**
- **If analysis reveals non-compliance of the established standards, it is the responsibility of the provider to develop a corrective action plan.**

   1) The Monitor will notify the appropriate provider and state staff, in written form, of the monitoring findings and need to initiate planning for corrective action within _____ days of the monitoring site visit.

   2) If a written corrective action is required, providers will be given _____ days to submit and implement the plan.

   3) The _____ will schedule retraining or professional in-service as indicated in collaboration with the individuals in the provider office responsible for implementing the corrective action.

   4) The Monitor will re-evaluate _____ months after the corrective action plan is approved.

   5) A copy of all NC Refugee Health Program Monitoring correspondence will be placed in the county file in the NC Refugee Health Program office.

Monitoring Introduction Meeting Agenda

Date
Begin and End Time
NC Refugee Health Program

Meeting called by: **Type of meeting:**

Facilitator:

Attendees:

Please read:

Please bring:

----- Agenda Topics -----

Introductions	Time Allowed
Review Monitoring Process	Time Allowed
Discuss any Pre-Assessment Findings	Time Allowed
Explain Agenda for Day	Time Allowed
Identify Contact Information (within building and in general)	Time Allowed
Orientation to Site Information	Time Allowed
Locate Manual and Contract (who maintains?)	Time Allowed
Questions &/or Concerns from Staff	Time Allowed
Closing Remarks	

Other Information

Observers:

Resource persons:

Special notes:

Monitoring Introduction Meeting Agenda

Date
Begin and End Time
NC Refugee Health Program

Meeting called by: **Type of meeting:**

Facilitator:

Attendees: ☐ Name,Title   ☐ Name,Title

                 ☐ Name,Title   ☐ Name,Title

☐ Name,Title   ☐ Name,Title

☐ Other_____   ☐ Name,Title

                                           ☐ Other_____

Please read:

Please bring: Refugee Health Manual & Contract

---------- Agenda Topics ----------			
Introduction/Recognition of Participation Participant Name Time Allowed			
Discussion:			
Action items:		**Person responsible:**	**Deadline:**
Review Monitoring Process Participant Name Time Allowed			
Discussion:			
Action items:		**Person responsible:**	**Deadline:**

Monitoring Introduction Meeting Agenda

Discuss the Pre-Assessment Findings		Participant Name	Time Allowed	
Discussion:				
Conclusions:				
Action items:			**Person responsible:**	**Deadline:**

Explain Agenda for Day		Participant Name	Time Allowed	
Discussion:				
Action items:			**Person responsible:**	**Deadline:**

Identify Contact Information		Participant Name		
Discussion:				
Conclusions:				
Action items:			**Person responsible:**	**Deadline:**

Orientation to Client Medical Record		Participant Name	Time Allowed	
Discussion:				
Action items:			**Person responsible:**	**Deadline:**

Monitoring Introduction Meeting Agenda

Locate NC Refugee Health Tech. Manual	Participant Name.	Time Allowed	
Discussion:			
Conclusions:			
Action items:		Person responsible:	Deadline:

Questions &/or Concerns from Staff	Participant Name	Time Allowed	
Discussion:			
Conclusions:			
Action items:		Person responsible:	Deadline:

Monitoring Introduction Meeting Agenda

Closing Remarks	Participant Name		
Discussion:			
Conclusions:			
Action items:		Person responsible:	Deadline:

Other Information

Observers:

Resource persons:

Special notes:

Grants Monitoring
RECORDS REVIEW WORKSHEET

Instructions: Review no less than 8 or more than 10 records.

	1	2	3	4	5	6	7	8	9	10
1) Copy of eligibility docs in file (I-94, passports, visa, etc.)										
2) Medicaid info included										
3) HIPAA form signed										
4) Documentation of interpreter usage										
5) Class A or B match program records										
6) Plan of care or referral for abnormal findings										
7) Documentation of patient education (i.e. breast self-examination, physical activity, nutrition, smoking behavior, hygiene)										
8) Pt. informed of results of exam and all test results										
9) Documentation of follow-up services										
10) Overall evidence of correct and consistent documentation										

Comments or Notes:

6/2/08

RecReviewWS

| Grants Monitoring Corrective Action Worksheet ||

Instructions: Whenever a grants monitor identifies a major problem or issue with a grantee, then a corrective action plan should be completed. This plan must be completed for any audit findings contained in the audit report. The plan should be completed with grantee input, approved by the monitor's supervisor, and a copy of the plan must be given to the grantee. The grantee should complete the "Person Responsible" and "Date Accomplished" columns and return to the monitor. Specific follow-up is required for any items included in a corrective action plan. A separate corrective action worksheet should be completed for each major issue or finding.

LHD:	
Date:	Time:
Location:	
Monitor: Jennifer Morillo	
Issue / Finding (provide description)	
Root Cause – how and why occurred (provide description)	

Corrective Action Plan			
Specific steps to be taken	By Date	Person Responsible	Date Accomplished
Grantee Agreement		**Date:**	
Agency Approval	(monitor's supervisor)	**Date:**	

Follow Up By		Date	
Comments			

Quality Improvement Recommendations

The following Quality Improvement Recommendations do not require a Corrective Action Plan; however the NC Refugee Health Program strongly advises these areas be reviewed and considered.

Guidance from the Monitoring Review Team	Agency Plan of Action

Monitoring Visit Exit Conference

Date
Begin and End Time
Location

Type of meeting: **Facilitator:**

----- Agenda Topics -----	
Monitoring Findings	Time Allowed
Discuss Case Management Concerns	Time Allowed
Review Plan for Corrective Action or Quality Improvement Recommendations	Time Allowed
Review and Share Exit Conference Materials	Time Allowed
Education and Training Opportunities	Time Allowed
Closing Remarks	Time Allowed

Other Information

Observers:
Resource persons:

Special notes:

Monitoring Visit Exit Conference

Date
Begin and End Time
Location

Type of meeting: **Facilitator:**

Attendees: ☐ Name and Title   ☐ Name and Title

☐ Name and Title   ☐ Name and Title

☐ Name and Title   ☐ Name and Title

☐ Name and Title   ☐ Name and Title

☐ _____   ☐ _____

---------- Agenda Topics ----------

Monitoring Findings	Lead Title	Time allowed
Discussion:		
Conclusions:		
Action items:		

	Person responsible:	Deadline:

Monitoring Visit Exit Conference

Discuss Case Management Concerns	Lead Title	Time allowed	
Discussion:			
Conclusions:			
Action items:		Person responsible:	Deadline:

Review Plan for Corrective Action	Lead Title	Time allowed	
Discussion:			
Conclusions:			
Action items:		Person responsible:	Deadline:

Review and share Exit Conference Materials	Lead Title	Time allowed	
Discussion:			
Conclusions:			
Action items:		Person responsible:	Deadline:

Monitoring Visit Exit Conference

Education Opportunities	Lead Time		Time allowed	
Discussion:				
Conclusions:				
Action items:		Person responsible:	Deadline:	

Closing Remarks	Lead Title		Time allowed	
Discussion:				
Conclusions:				
Action items:		Person responsible:	Deadline:	

Other Information

Observers:

Resource persons:

Special notes:

Monitoring Visit Exit Conference

Monitoring Visit Exit Conference

(**Instructions**: The team leader uses this form to present global comments from the team about the agency and the team's findings. Individual staff utilizes this form to present their programmatic monitoring findings.)

_____   _____
      Agency   **Date**

Review Team Member:

☐ Name and Title   ☐ Name and Title
☐ Name and Title   ☐ Name and Title
☐ _____   ☐ _____

Strengths:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Concerns:

_____
_____
_____
_____
_____
_____
_____
_____
_____

Recommendations:

_____
_____
_____

RISK ASSESSMENT WORKSHEET

AGENCY INFORMATION SUMMARY

Subrecipient Name _____

Street Address _____

City, State, Zip _____

Telephone Number _____

Contact Person _____

RESULT OF RISK ASSESSMENT

Evaluation Score Key:

Low Risk	= < 25	**TOTAL OVERALL SCORE** _____
Moderate Risk	= 26 - 34	(From Page 2)
High Risk	= 35 - 48	

RISK ASSESSMENT   High   _____

                              Medium   _____

                              Low   _____

Type of Review to Be Conducted: Fiscal   _____   Both   _____

                                                  Program   _____   No Review   _____

Risk Assessment Performed by: _____

Date _____

RISK ASSESSMENT WORKSHEET

Size of staff for period being monitored:

Small (1-6)	= 1
Moderate (7-12)	= 2
Large (13 or more)	= 3

TOTAL _____

Staff qualifications for funded programs:

Trained staff in key positions with one or more years experience	= 2
At least half of staff trained in key positions and some experience.	= 4
Staff in key positions have little or no training or experience.	= 6

TOTAL _____

Staff turnover:

No change in key positions	= 2
Either new or no staff in 1 or more key positions	= 4
Either new or no agency administrator or fiscal officer	= 6

TOTAL _____

Program:

Agency has met program objectives outlined in contract/funding agreement	= 2
First year of funding for program (no basis for evaluation)	= 4
Program compliance history of past 2yrs include weakness in fulfilling objectives.	= 6

TOTAL _____

Fiscal:

No significant audit findings for past 2 years	= 2
Minor audit findings with pending corrective actions	= 4
Significant audit findings w/in past 2yrs or audit findings not resolved.	= 6

TOTAL _____

Reporting:

Program and fiscal reports are almost always submitted timely and accurately.	= 2
Routine reports are frequently late and contain errors.	= 4
Routine reports are not submitted or contain significant discrepancies.	= 6

TOTAL _____

Complexity of Funding:

Funding is relatively simple in terms of allowable expenditures	= 2
Funding is moderately complex in terms of allowable expenditures	= 4
Funding is very complex in terms of allowable expenditures	= 6

TOTAL _____

Amount of Funding to Provider:

Less than $25,000	= 2
$25,000 - $299,999	= 4
$300,000 or more	= 6

TOTAL _____

Self Assessment:

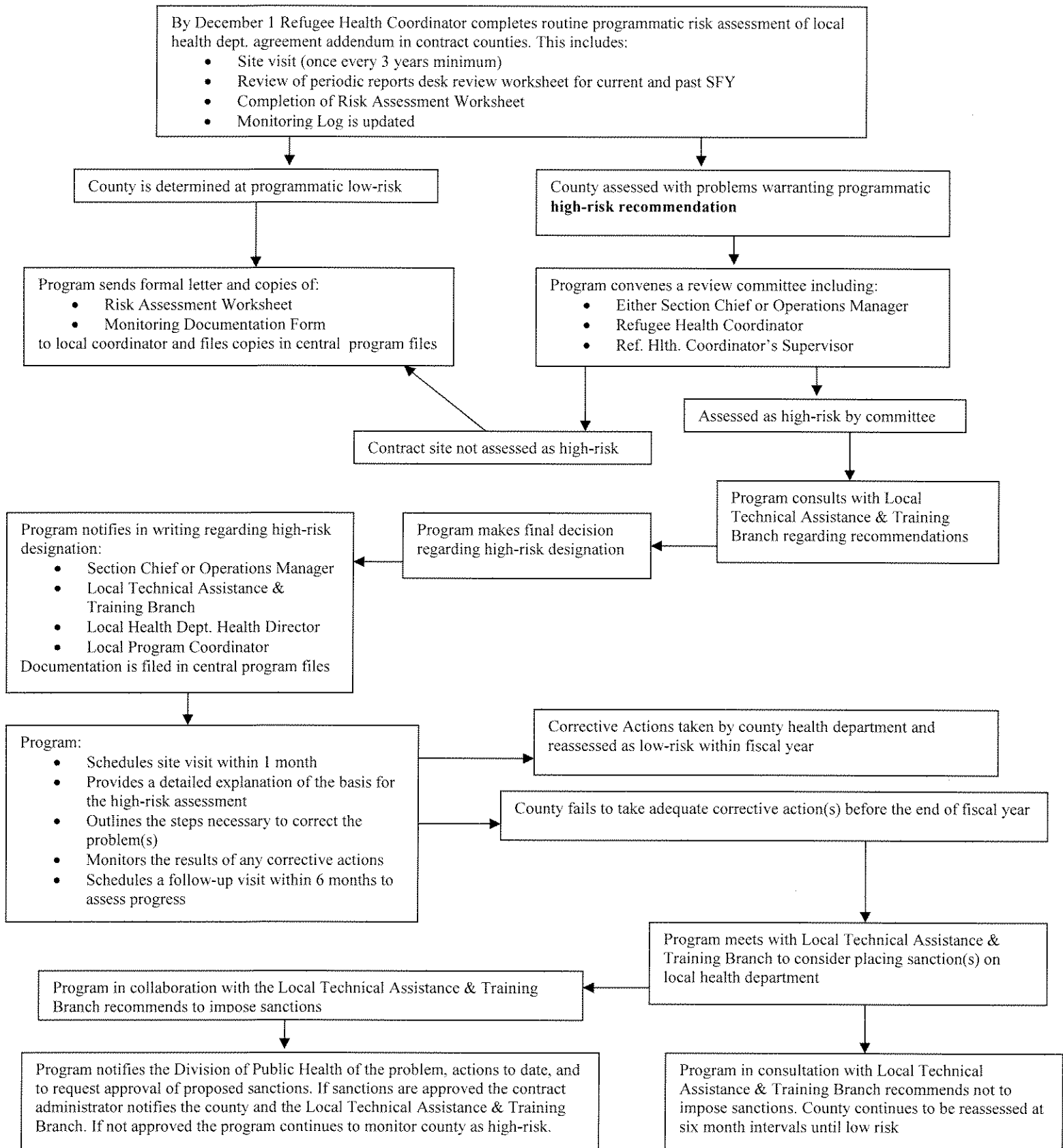|	
Self assessment shows few or no internal control weaknesses	= 1
Self assessment shows several internal control weaknesses	= 2
Self assessment shows major internal control weaknesses	= 3

TOTAL _____

TOTAL OVERALL SCORE: _____

RISK ASSESSMENT DIAGRAM

By December 1 Refugee Health Coordinator completes routine programmatic risk assessment of local health dept. agreement addendum in contract counties. This includes:
- Site visit (once every 3 years minimum)
- Review of periodic reports desk review worksheet for current and past SFY
- Completion of Risk Assessment Worksheet
- Monitoring Log is updated

County is determined at programmatic low-risk

County assessed with problems warranting programmatic **high-risk recommendation**

Program sends formal letter and copies of:
- Risk Assessment Worksheet
- Monitoring Documentation Form
to local coordinator and files copies in central program files

Program convenes a review committee including:
- Either Section Chief or Operations Manager
- Refugee Health Coordinator
- Ref. Hlth. Coordinator's Supervisor

Contract site not assessed as high-risk

Assessed as high-risk by committee

Program notifies in writing regarding high-risk designation:
- Section Chief or Operations Manager
- Local Technical Assistance & Training Branch
- Local Health Dept. Health Director
- Local Program Coordinator
Documentation is filed in central program files

Program makes final decision regarding high-risk designation

Program consults with Local Technical Assistance & Training Branch regarding recommendations

Program:
- Schedules site visit within 1 month
- Provides a detailed explanation of the basis for the high-risk assessment
- Outlines the steps necessary to correct the problem(s)
- Monitors the results of any corrective actions
- Schedules a follow-up visit within 6 months to assess progress

Corrective Actions taken by county health department and reassessed as low-risk within fiscal year

County fails to take adequate corrective action(s) before the end of fiscal year

Program meets with Local Technical Assistance & Training Branch to consider placing sanction(s) on local health department

Program in collaboration with the Local Technical Assistance & Training Branch recommends to impose sanctions

Program notifies the Division of Public Health of the problem, actions to date, and to request approval of proposed sanctions. If sanctions are approved the contract administrator notifies the county and the Local Technical Assistance & Training Branch. If not approved the program continues to monitor county as high-risk.

Program in consultation with Local Technical Assistance & Training Branch recommends not to impose sanctions. County continues to be reassessed at six month intervals until low risk

Rev. 6/17/08   RA Diagram
RISK ASSESSMENT DIAGRAM

North Carolina Department of Health and Human Services
Division of Public Health • Chronic Disease & Injury Section
Refugee Health Program
1915 Mail Service Center • Raleigh, North Carolina 27699-1915
Tel 919-707-5214 • Fax 919-870-4812

Michael F. Easley, Governor
Dempsey Benton, Secretary

Leah Devlin, DDS, MPH
State Health Director

[Date]

[Health Director]
[Address]

Dear [Health Director]:

I am writing to inform you that your agency, [**health dept.**], has been assigned a "**high-risk**" assessment for the **Refugee Health Program** under the provisions of the North Carolina Division of Public Health Subrecipient Monitoring Plan. The deficiencies upon which the "high-risk" assessment is based and the corrective action(s) that must be taken to receive a "low-risk" assessment follow.

Deficiencies:
- Ex. Five of your last six Contract Expenditure Reports (CER) were received late and contained errors.
- Ex. You have not submitted a revised grievance plan as requested as a result of our last site visit.

Corrective Actions:
- Ex. Submission of three consecutive CERs in a timely manner and free of mistakes.
                                        and
- Ex. Submission of a revised grievance plan to your project monitor.

Upon successful completion of the corrective actions, your agency will be reassessed as medium or low-risk if additional deficiencies/issues have not been identified in the interim.

Please address any questions and/or concerns that you may have concerning this action to your project monitor or to the undersigned at 919.707.5214.

Sincerely,

Jennifer Reed Morillo
Project Coordinator, Refugee Health Program

cc: Project Monitor – Project Coordinator
       Refugee Health Nurse Liaison
       Joy Reed

North Carolina Public Health
Working for a healthier and safer North Carolina
Everywhere. Everyday. Everybody.

Location: 5505 Six Forks Road • Raleigh, N.C. 27609-3811
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